
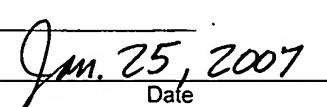
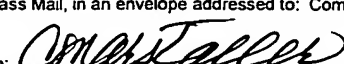


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		<b>Docket Number (Optional)</b> 67737-01000USPX	
<b>Application Number</b> 10/031,866-Conf. #8515		<b>Filed</b> March 13, 2001	
<b>For</b> SYSTEM AND METHOD FOR INTERNET BASED PROCUREMENT OF GOODS AND SERVICES			
<b>Art Unit</b> 3623		<b>Examiner</b> B. Van Doren	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60 \$
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$ (\$1,020.00 Less \$120 paid 11/24/06 for 1 month extension)
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>10-0447</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,031</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34			
 Signature		 Date	
Ross T. Robinson Typed or printed name		(214) 965-7300 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: <u>1/25/07</u>	Signature:  (Carol Marstaller)

01/30/2007 SSITHB1 00000026 100447 10031866  
01 FC:1253 900.00 DA

1fw GP 3623 ✓



<b>TRANSMITTAL LETTER</b>			Docket No. 67737-01000USPX
Application No. 10/031,866-Conf. #8515	Filing Date March 13, 2001	Examiner B. Van Doren	Art Unit 3623

Applicant(s): Victor Brief et al.

Invention: SYSTEM AND METHOD FOR INTERNET BASED PROCUREMENT OF GOODS AND SERVICES

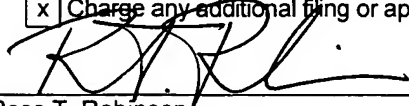
**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is a Request for Extension in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims		- 20 =		x	
Independent Claims		- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month less first extension (\$120.00) previously paid on 11/24/06					900.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>900.00</b>

- ☒ Large Entity ☐ Small Entity
- ☐ No additional fee is required for this amendment.
- ☒ Please charge Deposit Account No. 10-0447 in the amount of \$ 900.00.  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 10-0447 as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

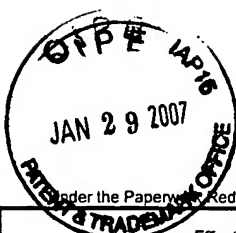
  
Ross T. Robinson  
Attorney/Agent Reg. No.: 47,031

Dated: Jan. 25, 2007

JENKENS & GILCHRIST, A PROFESSIONAL CORPORATION  
1445 Ross Avenue, Suite 3700  
Dallas, Texas 75202  
(214) 965-7300

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 1/25/07 Signature: Carol Marstaller (Carol Marstaller)



PTO/SB/17 (07-06)  
Approved for use through 01/31/2007. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		Application Number	10/031,866-Conf. #8515
		Filing Date	March 13, 2001
		First Named Inventor	Victor Brief
		Examiner Name	B. Van Doren
		Art Unit	3623
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	67737-01000USPX
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>900.00</b>

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>10-0447</u> Deposit Account Name: <u>Jenkins &amp; Gilchrist, a Professional Corporation</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
						<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>
<b>Fee Description</b>							
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 20 = _____ x _____ = _____				_____			
HP = highest number of total claims paid for, if greater than 20.				_____			
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
_____ - 3 = _____ x _____ = _____				_____			
HP = highest number of independent claims paid for, if greater than 3.				_____			
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____ - 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____							
<b>4. OTHER FEE(S)</b>							
<b>Non-English Specification, \$130 fee (no small entity discount)</b>							
<b>Other (e.g., late filing surcharge):</b> Extension for response within third month (Less \$120)							
1253 previously paid <span style="float: right;">900.00</span>							

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	47,031
Name (Print/Type)	Ross T. Robinson	Telephone	(214) 965-7300
		Date	

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: <u>1/25/07</u>	Signature: <u>Carol Marsteller</u> (Carol Marsteller)